

### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### RECEIVED

JUL 1 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

1. Name of Lobbyist(s) Debra V	anderbeek, Robe	rt Clegg, Periklis	Karoutas, Leann Moo	cia, Chris Herr
II. Name of lobbyist's partnersh	ip, firm or corpo	ration, if any:		
Legislative :	Solutions, L.L.C.			
(Name of partners	hip, firm or corporat	ion)		
P.O. Box 107	24	Bedford	NH	03110
Business Address: (Street)	(To	wn/City)	(State)	(Zip Code)
( ) 603-986-9145	( )		e-mail dbeek@ac	ol.com
(Telephone)	` /	(Fax)		
<ul><li>III. This statement covers: (Cho reportable expense transactions</li><li>All reportable transactions occ</li></ul>	which are not att	ributable to any	one client).	
•				e following cheft.
	otechnology Inne			
<u>OR</u>	от спета аз парреа	is on the Lobbyist	Registration Form)	
☐ All reportable transactions by tunrelated to any particular client.	he lobbyist (includ	ling the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Report April 25, Reports cover: activity from date	2018  of registration to 3/2	31/18 acti	July 25, 2018 💢 wity from 4/1/18 to 6/30/18	
	31, 2018	acti	January 30, 2019 ivity from 10/1/18 to 12/31/	718
V. There have been no fees re If this box is checked, complete ju. Concord, NH 03301.				
VI. Check if additional reports a	are attached:			
If you have received fees or n		you must file Ad	dendum A- Fees and Ex	penses
☐ If you have paid an honorariu Expense Reimbursement				
☐ If you, your firm, or your fam	ily has made politi	cal contributions,	you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, R and complete to the best of my kn	SA 14-C and RSA		swear or affirm that the f	oregoing information is true
(Signature of lobbyist)			(Dat	e)
Debra Vanderbeek (Print Name of lobbyist)	<u></u>		,	

# P L E A S E P R I N T

### STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Biotechnology Innovation Organization	Date July 19, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 22,500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$22,500.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 45,000.00
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ 22,500.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period	d) \$ 22,500.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 22,500.00
f) Total of all expenses year to date	f) \$ <u>45,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(I) In the second of the secon	I.J. 10, 2019
(Signature of lobbyist)	July 19, 2018 (Date)
	(~~~)
Debra Vanderbeek	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	Biotechnology Inn	Biotechnology Innovation Organization		
Date of Report (check	one):			
April 25, 2018 □	July 25, 2018 🎾	October 31, 2018 🗆	January 30, 2019 □	
			nd Expenses described above, a umber of Addendum forms be	
Addendum A(s	s).			
Addendum B(s	).			
Addendum C(s	).			
I hereby swear or affire complete to the best of		lief.	nt and each Addendum is true a	ınd
(Signature of lobbyist)	U		(Date)	
Robert Clegg				
(Print Name of lobbyis	t)			

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# JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to an
particular client):	Biotechnology Inno	ovation Organization	
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 🎾	October 31, 2018 🗆	January 30, 2019 □
	· ·		nd Expenses described above, an umber of Addendum forms bein
Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
(Signature of lobbyist)	my knowledge and be	lief.	nt and each Addendum is true an 19, 2018 (Date)
Periklis Karoutas			
(Print Name of Jobbyis	st)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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	NEW HAMPSHIRE DEPARTMENT OF STATE
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Name of Lobbying partn	ership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	Biotechnology Innovation Organization		
Date of Report (check o	ne):		
April 25, 2018 □	July 25, 2018	October 31, 2018 🗆	January 30, 2019 □
	ns submitted with the		nd Expenses described above, and umber of Addendum forms being
•			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of n	• •	ief.	nt and each Addendum is true and  9, 2018 (Date)
Leann Moccia			
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.



Name of Lobbying partner	ship, firm, or corpor	ation: Legislative Solut	ions, L.L.C.
Name of Client (leave blan	nk if Statement is for	the partnership, firm,	or corporation and not related to any
particular client):	Biotechnology Inno	vation Organization	
Date of Report (check one	<del>)</del> ):		
April 25, 2018 □ J	uly 25, 2018	October 31, 2018	January 30, 2019 🗆
	/		
			and Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm the complete to the best of my			nent and each Addendum is true and
Christoph	Alh	<u>Jul</u>	y 19, 2018
(Signature of lobbyist)			(Date)
Chris Herr (Print Name of Johnvist)			